

I
MUTUAL OBJECTIVES

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.

II
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the Twin Rivers R-X the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel

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and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the Twin Rivers R-X access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the Twin Rivers R-X.
4. Provide initial training and technical assistance to staff of the Twin Rivers R-X regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating schools districts on an annual basis.
6. Provide necessary consultation to the Twin Rivers R-X on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The Twin Rivers R-X agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The Twin Rivers R-X shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the school in assisting district students to have regular exams consistent with the periodicity schedule contained in HCY provider information. The following list of activities have been identified as appropriate for providing the Administrative Case Management function:

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A. Outreach Activities:

- i. identify potential Medicaid eligible children and assist in their eligibility determination consistent with the mandates contained in House Bill 564;
- ii. inform Medicaid eligible pregnant teenagers within the Twin Rivers R-X about the availability of HCY/EPSTD services;
- iii. inform the groups cited above of available necessary transportation; provide scheduling assistance; and develop transportation resources as appropriate.

B. Coordination of HCY/EPSTD Screens and Evaluation:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the General Chapter of the Missouri State Medicaid HCY Program. Coordination activities include, but are not limited to:

- i. making referrals for and scheduling the following EPSTD/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid HCY Provider Manual:
 - a) comprehensive health and developmental, including mental health;
 - b) vision;
 - c) hearing;
 - d) dental;
- ii. making referrals for and scheduling any evaluations that may be required as the result of a condition identified during the child's screen.

C. Immunizations:

Assistance will be given to eligible children to assure the appropriate immunizations are provided as indicated in Section 9 of the General Section of the State Provider Manual.

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D. Case Planning and Coordination:

This activity includes providing assistance to the client and the family in developing and implementing a case or service plan. Activities include, but are not limited to:

- i. identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP);
- ii. identifying and arranging for medically necessary services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
- iii. after determining the frequency and duration of these services, secure the prior authorization through the Division of Medical Services;
- iv. developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in development and periodic review of the case plan;
- v. coordinating the closure of the case, referral to any needed services and realignment of the case plan.

E. Prenatal Care Services:

This activity includes the provision of outreach coordination and prevention services to Medicaid eligible pregnant adolescents within the school district.

F. Nutrition Services:

This activity includes planning, education, or coordination activities around a Medicaid eligible child's nutritional needs.

G. Health Education:

This activity includes the coordination of health education and anticipatory guidance services. Examples include, but are not limited to, child care development, safety, accident and disease prevention and healthy lifestyles and practices.

H. Interagency Coordination:

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This activity includes efforts to improve the availability of services, to focus services on specific population groups or to define the scope of each agency's programs in relation to the other in the provision of services to the child and family.

I. Transportation:

This activity includes the provision of assistance to gain access to transportation for diagnostic and treatment services required as a result of a regular, partial or interperiodic HCY/EPSTD screen.

2. Account for the activities of staff providing EPSTD Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the Twin Rivers R-X.
7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
10. Submit claims on a quarterly basis.

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III PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

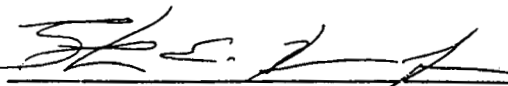
EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV PROGRAM EVALUATION PLAN

A designated representative from the Twin Rivers R-X and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

V TERMS OF THIS AGREEMENT

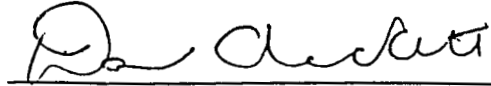
The period of this Cooperative Agreement shall be from July 1, 1994, through June 30, 1996. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

9/30/94

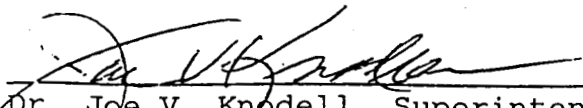
Date



Donna Checkett, Director
Division of Medical Services

9/24/94

Date



Dr. Joe V. Knodell, Superintendent
Twin Rivers R-X

8-22-94

Date

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**COOPERATIVE AGREEMENT BETWEEN THE
DEPARTMENT OF SOCIAL SERVICES,
Division of Medical Services**

and

THE DEPARTMENT OF HEALTH

Division Environmental Health and Epidemiology, Division of Injury Prevention, Head
Injury Rehabilitation and Local Health Services, Division of Maternal, Child and Family
Health

**DEPARTMENT OF HEALTH
ADMINISTRATION OF HCY LEAD POISONING PREVENTION through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)
STATEMENT OF PURPOSE**

The Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) aka Healthy Children and Youth, hereby agrees to the conditions included in this Cooperative Agreement. The provision of EPSDT/HCY Lead Poisoning Prevention Administration by the Department of Health has been determined to be an effective method of coordinating services and improving care associated with the prevention and control of childhood lead poisoning.

The Department of Social Services, Division of Medical Services recognizes the Department of Health as a suitable agency to coordinate services and develop programs to prevent and control lead poisoning which results from exposure to lead-bearing substances in a dwelling or surrounding environment, to conduct environmental investigations, and to certify lead inspectors.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the State and Local Health Departments have with children 6 months to 72 months of age. It further recognizes the expertise of DOH in screening, reporting, and follow-up of children with identified lead levels; and in identifying and assessing the health care needs of EPSDT/HCY eligible clients in planning, coordinating, and monitoring the delivery of preventive and treatment services to meet their needs. In order to take advantage of this expertise, DSS enters into this interagency agreement through which DOH will: provide advice, direction, planning and assist in the development of the Medicaid Lead Screening Program; certify lead inspectors used to provide environmental investigations as follow-up for children with elevated blood lead levels, and provide or coordinate lead poisoning case management services.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

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MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

The objective is to develop and maintain a Lead Poisoning Treatment Plan. There are recognized differences between HCFA and CDC, however, when providing services to Medicaid eligible recipients, HCFA's guidelines will take precedence.

OBJECTIVES:

1. Assure that all Medicaid eligible children be screened according to EPSDT guidelines. All children between the ages of 6 months and 72 months must be screened for lead levels at their next Healthy Children and Youth (HCY) Screening or complete the lead screen at the next office visit.
2. Assure early and appropriate intervention so that diagnosis and treatment occur in a timely manner.
3. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the conditions which were determined to be medically necessary. Medicaid will reimburse all necessary and proper expenses as it relates to activities needed for the coordination and provision of the Lead Screening Program for Medicaid Eligible Children.
4. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of lead poison related conditions identified through a full, partial, or inter periodic EPSDT/HCY screen.
5. Reimburse DOH the Title XIX federal share of actual and reasonable direct and indirect costs for EPSDT Administration provided by staff involved with Medicaid lead activities based upon a time-accounting system which is in accordance with provisions of OMB circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect clinical and surveillance data, conduct and develop outreach and preventive education activities, develop education materials, disseminate information, conduct training activities, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible costs qualifying under regulations applicable to skilled professional medical personnel and their supporting staff who are performing Medicaid lead activities, will be reimbursed at 75% when criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. The reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by the Department of Health prepared in accordance with applicable federal regulations.

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8, 49³
 6. Reimburse DOH the Title XIX federal share of actual and reasonable direct and indirect costs; research services provided by staff based upon a time-accounting system; expense and equipment cost, necessary administrative (including CPU costs) to collect data, disseminate lead related information, and other staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or cost eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. 8b

7. Reimburse DOH the Title XIX federal share of actual and reasonable direct and indirect costs incurred for the provision of data necessary for the coordination of lead screening and lead poisoning prevention activities, identification of hazardous sources of lead exposure, and effective case planning and management of EPSDT targeted lead screening population and other data as needed.

II RESPECTIVE RESPONSIBILITIES

A. Department of Social Services (DSS) agrees to:

1. Provide DOH access to the information necessary to properly manage and coordinate the terms of the agreement.
2. Meet and consult on a regular basis, at least quarterly, with DOH on issues arising out of this agreement and for the purpose of program evaluation and planning as described in Section IV.
3. Maintain the confidentiality of client records and eligibility information received from DOH and use that information only in administration, technical assistance and coordination.
4. Provide federal matching funds for EPSDT/HCY services related to lead activities, environmental assessment and case management performed by DOH as mandated by Federal Regulations authorized under this agreement.
5. Review reports of provider non-compliance from DOH and jointly pursue and sanction or take other action necessary and appropriate to remedy the non-compliance.
6. Assist DOH in preparing and reviewing material to be published regarding the Medicaid Lead Screening Program, including manuals, bulletins, pamphlets and reports.
7. Approve the audit procedures and criteria to be used by the Department of Health in its monitoring and review of providers to ensure the quality and adequacy of services.

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DEPARTMENT OF HEALTH

The Department of Health (DOH), recognizing the authority of the Department of Social Services (DSS) to determine, and to approve or disapprove the issuance of policies and regulations regarding the Medicaid Lead Program, shall:

1. Employ all necessary and appropriate staff to meet the terms of this agreement contingent upon appropriation authority.
2. Certify environmental lead inspectors, who may use this certification to apply for acceptance as Medicaid providers.
3. Regulate and provide quality assurance for environmental lead inspections performed by certified providers.
4. ^{5, 1994} Develop a Lead Poisoning Outreach Program to screen, case manage, provide environmental assessment; inform Medicaid eligible parent(s) of services available through the Medicaid programs including HCY/EPSTD screens and evaluations.
5. ^{6, 1994} Provide laboratory tests to determine blood lead levels among Medicaid eligible children subject to the capacity of the State Health Laboratory to perform test.
6. ^{7, 3, 1994} Assist in the development of and provision of case management services including follow-up and coordination with public health clinics and Bureau of Special Health Care Needs and Medicaid Enrolled Case Management providers in accordance with criteria identified in Medicaid program policy.
7. ^{8, 1995} Meet and consult on a regular basis, at least quarterly, with DMS on issues arising out of this agreement and for the purpose of program evaluation and planning as described in section IV.
8. ^{9, 1995} Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters including the review and approval by the Division of Medical Services of all printed material developed by the Department of Health to fulfill this agreement.

PROGRAM DESCRIPTION
(Lead Environmental Assessment and Screening)

^{1, 1992} The goal of the lead environmental and screening program is to identify those Medicaid eligible children with elevated blood lead levels greater than 15 ug/dL, obtain family assessment, provide education and assistance in identifying additional related services and coordinate activities which educate the family regarding dangers of a lead exposed environment, case manage children with elevated lead levels to assure that the proper interventions are followed.

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